

VSE STOCK SERVICES LIMITED

Annexure - 10.1

Wholly owned subsidiary of Vadodara Stock Exchange Ltd.
(Depository Participant of Central Depository Services (India) Limited)
2nd Floor, Fortune Tower, Sayajigunj, Vadodara-390 005.
Ph. : 0265-2361372 Intercom : 2822/331
DP ID No. 13016700, SEBI Reg. No. IN-DP-CDSL-705-2013, UID No. : 100009571
CIN-U67120GJ2002PLC040360

Account Closure Request Form

Application No.		Date	D	D	M	M	Y	Y	Y	Y	
Closure initiated by	<input type="checkbox"/> BO	<input type="checkbox"/> DP	<input type="checkbox"/> CDSL								

(To be Filled by the BO (in case of BO-initiated closure). Please fill all the details in **Block Letters in English**)

Dear Sir / Madam,

I / We the Sole Holder / Joint Holders / Guardian (in case of Minor) / Clearing Member request you to close my / our account with you from the date of this application. The details of my/our account are given below :

DP ID		Client ID	
Account Holder's Details		Trading Code / UCC	
Name of the First / Sole Holder			
Name of the Second Holder			
Name of the Third Holder			
Address for Correspondence			
City		State	
		PIN	

DETAILS OF REMAINING SECURITY BALANCE IN THE ACCOUNT (if any)

Reason for Closing the Account	
Balance remaining in the account (if any) to be :	
<input type="checkbox"/> Partly rematerialised and partly transferred	<input type="checkbox"/> Rematerialised
<input type="checkbox"/> Transferred to another account (Number given below)	<input type="checkbox"/> not applicable
DP ID	Client ID
Balance present in account for (To be filled by DP, if applicable)	<input type="checkbox"/> Ear marked <input type="checkbox"/> Pending for Dematerialisation <input type="checkbox"/> Pending for Rematerialisation
	<input type="checkbox"/> Pledged <input type="checkbox"/> Frozen <input type="checkbox"/> Lock-in

DECLARATION : In case of Account Closure due to SHIFTING OF ACCOUNT

I/We declare and confirm that all the transactions in my/our demat account are true/authentic.

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature*			

* If DP or CDSL initiates account closure, signature(s) of account holder(s) not required.

(Please Tear Here)

Application No. Acknowledgement Receipt Date : / / 20

We hereby acknowledge the receipt of your instruction for Closing the following Account subject to verification :

DP ID		Client ID	
Name of the First / Sole Holder			
Name of the Second Holder			
Name of the Third Holder			
Reason for Closure			

Instructions to Account Holder(s)

Depository Participant Seal and Signature

- Submit 2 duly-filled RRF if the balances are to be rematerialized.
- Submit 2 duly-filled Delivery Instruction Slip (DIS) (off market instruction slip) if the balances are to be transferred to another Account. This requirement is not applicable in the case of "SHIFTING OF ACCOUNT"